MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/565162 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2								52						
3		4						53						
4		3						54						
5	1							55						
6		1						56						
7								57						
8		0						58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
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18								68						
19								69						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			2					TOTAL IND.						
TOTAL DEP.			8					TOTAL DEP.						
TOTAL CLAIMS			10					TOTAL CLAIMS						